

Senior Care Solutions @ Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an announced inspection of Senior Care Solutions @ Home Limited on the 6 May 2015. We told the provider two working days before our visit that we would be coming. This is to ensure the registered manager would be in the office. This was the first inspection of the service.

The service was registered with us in November 2013. In August 2014 people started receiving a service.

Senior Care Solutions @ Home Limited is a small domiciliary care service which provides personal care services to older people in their own homes. At the time of our inspection eight people were receiving a personal care service.

Summary of findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when receiving care. Staff understood how to safeguard the people they supported. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate changes to the service often at short notice when this was requested by people and their relatives.

Staff received regular relevant training and were knowledgeable about their roles and responsibilities. Staff understood people's needs and had the skills, knowledge and experience they required to provide people with the care and support they sought and needed. Staff were positive about their work, they told us they enjoyed working for the service and received the support they needed from management staff to enable them to do their job well.

Care plans were in place detailing how people wished to be supported. People's individual needs and risks were assessed and identified as part of their plan of care and support. People and their relatives [when applicable] were involved in making decisions about their care. Staff knew people well and provided a personalised service. People told us they had got to know the staff well and found them to be respectful, competent and kind.

People told us they knew how to contact the office and had confidence that complaints would be addressed appropriately by the registered manager and provider. People had the opportunity to provide feedback about the service and were certain action would be taken to address any issues they raised and improvements to the service would be made.

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm. Risks to people were identified and risk assessments protected people from harm whilst promoting their independence.

Appropriate procedures and staff training were in place to make sure medicines were managed and administered safely.

Staff recruitment was robust so only suitable people were employed by the service. The staffing of the service was organised to make sure people received the care and support they needed.

Good



Is the service effective?

The service was effective. Staff received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were supported to maintain good health and received support with meeting their health needs when this was part of their plan of care. Staff liaised with healthcare professionals when they had concerns about a person's health.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and knew about the importance of obtaining people's consent when providing assistance with their personal care and carrying out other tasks.

People were supported to eat and drink according to their plan of care.

Good



Is the service caring?

The service was caring. People told us they liked the staff who were kind and provided them with the care and support they needed.

People were involved in making decisions about their care and the support they received.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

Good



Is the service responsive?

The service was responsive. Each person had a personalised plan of care that detailed the specific support people needed. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service. Arrangements were in place to monitor and review people's needs with their full involvement.

People were aware of how to raise a complaint or concern about the service and were confident these would be addressed appropriately. Staff understood the procedures for receiving and responding to concerns and complaints.

People told us the staff were approachable and they had regular opportunities to feedback about the service.

Good



Summary of findings

Is the service well-led?

The service was well led. Staff were supported by the registered manager and provider and were comfortable discussing any issues about the service. They were confident that any issues they raised would be addressed appropriately and improvements to the service made when needed.

The registered manager regularly checked the quality of the service provided and took appropriate action to make sure people were happy with the service.

Good



Senior Care Solutions @ Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 May 2015 and was announced. We informed the provider two working days before our visit that we would be coming. We did this because the registered manager and provider are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be available for the inspection. The inspection was carried out by one inspector.

Before the inspection we looked at information we had received about the service. This information included notifications sent to the CQC and all other contact that we had with the service. During our visit to the office we talked with the office manager, a care worker, the registered manager and the owner. After the inspection visit we undertook phone calls to three people using the service, three relatives, and four care workers. We also obtained feedback about the service from a social care professional.

During the inspection we went to the provider's office where we reviewed a variety of records which related to people's individual care and the running of the service. These records included; the care files of four people using the service, five staff records, audits and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. They told us “I feel safe when they help me, I know them well,” “I feel safe,” “They [staff] wear their ID badge,” and “They [staff] are kind.”

There were up to date policies and procedures in place to inform staff of the action they needed to take if they suspected abuse. Staff had received training in safeguarding people. Staff were able to describe different kinds of abuse and told us they would immediately report any concerns to the registered manager. A care worker told us “I would always tell the boss and they would tell the appropriate authorities.” Staff were confident any safeguarding concerns would be addressed appropriately including informing the local authority safeguarding team and the CQC. There had been no safeguarding alerts raised since the service was registered with us.

Assessments were undertaken to assess any risks to the person and to the staff supporting them. Risk assessments included information about action to be taken to minimise the chance of harm occurring. They included the management of risks inside and outside the home, and risks associated with the health and support needs of the people; such as use of equipment and risks when showering and bathing people. Some people had restricted mobility and information including risk assessments was provided to staff about how to support people safely when using equipment such as a moving and handling a hoist when supporting people with their personal care.

There were arrangements in place to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Receipts of expenditure were maintained and the handling of people’s money was monitored closely by management staff.

Staff were aware of the reporting process for any accidents or incidents that could occur. The provider told us there had been no accidents or incidents.

Appropriate policies and procedures and staff training were in place to make sure medicines were managed and administered safely. Staff received the training and support they needed to administer medicines to people safely.

We found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staffing levels were determined by the number of people who use the service and their needs and could be adjusted when people’s needs changed. A care worker told us about a person who always had two care staff to support them with their mobility needs.

People told us their care was provided by regular care workers who understood their needs and were familiar to them. Staff told us they worked together as a team to provide people with the support they needed and to keep them safe.

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. A care worker told us they had received an interview before starting their job during which they had been asked about their experience and skills. They said they had completed written tests of their knowledge about a range of topics to do with caring and supporting people. Records confirmed this.

People told us that staff wore an ID badge which was proof of their identity and confirmed they worked for Senior Care Solutions@ Home Limited.

Staff told us they always had access to protective clothing including; gloves, aprons and disposable shoe covers. A care worker told us “We always have enough gloves and aprons.” People we spoke with confirmed that staff always wore protective clothing when assisting them with care. A relative told us “They [staff] always wear gloves.”

Is the service effective?

Our findings

People told us “I am very happy,” “They do what I ask,” “[Care worker] is very nice, she comes at the right time, and she knows what she is doing,” “I am happy with the carers, they know my routine,” “They do everything right,” “The manager is very good, he asked me what I need,” and “They [staff] know what they are doing.”

Staff told us about the induction they had received when they started their job. They told us the induction was very comprehensive and included a wide range of areas relevant to their roles. They told us their induction helped them know what was expected of them and enabled them to have the skills they needed to carry out their role and responsibilities. Care workers told us their induction was “Very useful, the registered manager is a very good trainer he answered our questions, went through everything and is very approachable and we worked in groups and did presentations about care,” and “My induction was helpful and covered lots of subjects.” The registered manager was aware of the new Care Certificate which sets standards for the induction of care and support staff. The registered manager told us new staff and existing staff would complete the Care Certificate. Records showed there was a plan to implement this for staff.

The registered manager had been trained in training staff in the practical aspects of care and conducted most of the staff training. Electronic learning also took place and included tests of staff knowledge in a range of topics. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included safeguarding people, infection control, nutrition and hydration, person centred care, fire awareness, moving and handling, safe administration of medicines, food safety and first aid. Other training specific to the needs of the service were provided this included dementia care, handling money and valuables and reporting and record keeping. Staff told us they completed monthly refresher training in a topic and received the training they needed to carry out their responsibilities in providing people with the care and support they needed. The registered manager told us that as the staffing numbers had increased they would soon be able to

support staff to complete qualifications in health and social care. A care worker told us “They are going to help me with level 2 QCF [Qualifications and Credit Framework] in health and social care.”

Staff said they felt well supported by the registered manager and the provider who were always available for advice and support. Care workers told us “I can ring any time, I ring when I am not sure about something”, and “We can ring day or night for advice.” A care worker provided us with an example of when they had contacted management staff about a nursing care issue and the manager had promptly contacted a community nurse who addressed the issue.

Records showed staff received regular supervision with the registered manager where practice issues, professional development and people using the service had been discussed. Records showed staff supervision was flexible for example an issue raised about a care worker’s behaviour had been discussed during a supervision meeting that had been promptly arranged to address the issue.

Records showed and a care worker told us they had recently completed their objectives as part of their appraisal of their performance and personal development needs and had met with the registered manager to complete it.

Staff told us there was very good communication amongst the staff team about each person’s needs, so staff were up to date with people’s progress and knew how to provide people with the care and support they needed. The registered manager told us that he worked with care workers during the first visit of a person starting the service. He said this was important to make sure care workers were confident and competent to provide people with the care they needed. A care worker told us they were always introduced to people using the service when their care packages started. Records of each visit were very detailed, and included information about the care provided. Records showed staff had signed a commitment to provide excellent and safe care at all times.

People were supported to maintain good health and received support with meeting their health needs when this was part of their plan of care. Staff liaised with healthcare professionals when they had concerns about a person’s health. People’s care records included the contact details of

Is the service effective?

their GP so staff could contact them if they had concerns about their health. Staff knew they needed to call an ambulance if they had significant concerns about a person's health needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and its implications. Staff had received MCA training during their induction and had received updates about the subject. Some staff knew that when people were assessed as not having the capacity to make a specific decision, health and social care professionals, staff and on occasions family members would be involved in making a decision in the person's best interests.

We saw people had signed records giving their consent for staff to have access to their personal information. Staff were aware of the importance of obtaining people's

consent before supporting them with their personal care needs. A care worker told us she always explained what she was doing and gained people's consent before she provided people with assistance. A person using the service confirmed that staff asked them for their agreement before helping them.

People were provided with the support they needed to access food and drink of their choice. A person confirmed they received the drinks and staff prepared meals for them. A care worker told us they made sure a person was offered drinks of their choice and made sure people were comfortable before they left their visit. Records showed food eaten and drinks people had been recorded during each visit.

Is the service caring?

Our findings

People told us they were satisfied with the care and support they received. They spoke in a positive manner about the care workers and management staff. They told us “I know them [staff] well,” “They are very helpful, and they listen,” “I would speak to the manager if I had a worry,” “They take the right action when I call,” and “I am very happy.” Relatives of people told us “They [staff] are caring and kind,” and “They [staff] want to help, I would not be able to criticise them at all.”

The provider told us caring and empathy were the key qualities they looked for when employing staff and were essential for providing people with a quality service. He provided us with an example of a care package they had received from a local authority which they had found did not provide them with sufficient time to provide a person with the care they needed. He told us “Care workers were so committed they worked extra time for free as they did not want the person to get sub-standard care.”

People received care, as much as possible from the same one or two care workers so when cover was required due to sickness or annual leave the person was familiar with the replacement member of staff. Records confirmed this. The owner told us that he ensured there were more than one care worker who had been trained to provide each person’s care. “We try to keep the same care worker and we have a second care worker as a back up to replace the primary care worker when they are away.” He provided us with an example of a person receiving care from another care worker whilst the original care worker was away for a few weeks. People told us they had a very good relationship with the care workers and the management staff.

Staff had a good knowledge and understanding of people’s individual needs. Care workers told us “I go to regular people, and get to know them well,” and “I treat people how I treat my family, I care about them.” They told us they got to know people by speaking with them about their lives, interests and needs. They spoke of the importance of reading people’s care plans.

People informed us they were called by their preferred name and were fully involved in decisions about their care from the initial assessment of their needs to the review of their plan of care. A person using the service told us they were aware of their care plan. We saw some people had

signed their plan of care. The registered manager told us that if they had concerns about a person’s ability to make decisions and be involved in their care they would work with health and social care professionals and the person’s family and/or others important to them to ensure the decisions were made in the person’s best interest. A social care professional told us that people were satisfied with the service, staff were competent and there had been no issues about staff being late to visits.

The registered manager and provider spoke about the importance of matching care workers’ skills with the needs of people who used the service. The owner told us that they always asked people whether there were any particular skills and abilities they would like their care worker to have and then matched them with the care worker that best matched their preferences. A person told us their relative received care from a care worker who spoke their first language which enabled the person to speak more fully about their needs and preferences, and had made them feel more comfortable about receiving care.

Staff records showed that during staff interviews staff were asked questions about caring for people and asked them to put themselves in the position of a person using the service and think about what it would be like receiving care. Respect, privacy and encouraging independence were areas also incorporated in staff interviews and induction. Staff told us they had received training about equality, diversity, privacy and dignity during their induction training. Staff we spoke with had a good understanding of the varied cultural and religious needs of people they supported. Care plans included information about; people’s life history, health, cultural and spiritual needs. Records showed a person’s request for a female care worker to support them with their personal care had been granted. Records showed promoting anti-discrimination; individuality and human rights were included in the staff induction programme.

All the people we spoke with told us staff were respectful of their privacy and maintained their dignity. A person told us the care workers always respected their modesty when supporting them with personal care. People told us the staff were good at time keeping. Records showed people were contacted if a care worker was running late.

Staff had a good understanding of the importance of confidentiality. The service had a confidentiality policy,

Is the service caring?

which was discussed with staff during their induction. Staff knew not to speak about people other than to staff and those involved in the person's care and treatment. People's records were stored securely in a lockable cabinet in the agency's office. A care worker told us people kept their care plans securely in their homes.

The registered manager told us no one was currently receiving end of life care.

Is the service responsive?

Our findings

People told us “They [staff] are very good, they come on time, I know them well, “They [staff] listen to me and ask me what I want,” “They are fantastic,” “We have regular carers, which is important, changes are not good.” A relative told us [Person] is really happy, they don’t rush they stay the right time,” and “I would speak up and I’m confident they [staff] would listen.”

During a home visit before starting the service people’s individual care and support needs were comprehensively assessed by the registered manager with their involvement and/or their relative’s participation depending on the person’s needs and wishes. People received a copy of their assessment and had the opportunity to sign the record. Where applicable assessment information was also received from health and social care professionals. The registered manager provided us with an example of an assessment of a person’s needs having been carried out by an occupational therapist. People confirmed they had been involved in the initial assessment of their needs. A person told us “The manager asked me lots of questions about what I want and need.”

Care plans that outlined how people’s needs were to be met were developed from the initial assessment. The four care plans we looked at were very detailed they included step by step guidance staff were required to follow to complete each care task and included reminding staff to say goodbye to the person in a pleasant manner. A care worker told us about the specific care and support she gave to a person who had dementia care needs. They told us “[The person] likes things done in a particular way; we listen to them, are patient and follow the care plan guidance.” Care workers told us that the registered manager worked with them when people first started receiving care. A care worker told us “[Registered manager] always works with me when there is a new client.”

Care plans were reviewed every month and when a person’s needs changed. For example when a person was found to need more care and support the registered manager reassessed the person and contacted the local authority who agreed to fund more care for the person. Another person’s care plan had been reviewed and updated following their discharge from hospital. The owner told us a more formal review of care plans were carried out every six months. Each person also had a summary of their

care plan which provided an overview of the tasks the care workers were expected to do during each visit. A care worker told us this was helpful as it made information about people’s needs more accessible.

A person told us the registered manager visited them regularly and asked them about their care needs and whether they were satisfied with the service. The owner told us “We keep in constant contact with people and their relatives; we discuss the service and find out what they like and ask if there are any changes they want. We then amend the care plan and give them the new one and take the old one.”

Records of each visit were comprehensive and detailed about the care provided. A care worker told us these records were very important as they ensured they had up to date information about the person’s needs. They told us “We write down what we have observed.” Staff told us they regularly discussed each person’s needs and progress with the registered manager and provider who were always available to give them advice and support when needed.

A person told us the service was very flexible and staff went out of their way to accommodate their needs. For example a person using the service had requested that a care worker visit them earlier than usual so they could attend a hospital appointment. Another person had asked for some visit times to be changed. Both these requests had been agreed and appropriate action taken in response to these needs.

Staff knew they needed to report all complaints to the registered manager and/or the owner. People told us they had no complaints but would feel comfortable raising issues and concerns and were confident they would be addressed appropriately. The complaints procedure was included in the information given to people when they started receiving care. At the time of our inspection the service had not received any complaints. A relative of a person told us “I have no problem talking with staff. I wouldn’t hesitate to speak with them and I am confident they would address the issue.”

Records showed people had telephone and email contact with the service, and had expressed satisfaction with the service. The registered manager told us they regularly contacted people to get their feedback about the care they receive from staff. People told us they felt communication from the service was good, staff listened to them and they

Is the service responsive?

had the opportunity to feedback about the service. We saw some people had completed satisfaction questionnaires about the service. They had scored good or very good about all aspects of the service. A person had written "The best thing is your time keeping which is great and that we see the same carers daily as they know what my [relative]

likes." The provider told us they expected to receive more completed questionnaires from people and would then collate the information and make improvements to the service if this was needed. A social care professional told us they had no complaints about the service.

Is the service well-led?

Our findings

The management structure in the service provided clear lines of responsibility and accountability. The registered manager managed the service with the provider. People were provided with a handbook which included information about the service and of how to contact the office. Comments from relatives of people included "Out of all the agencies we have used they are the best. They seem to really care," "The manager is very good, he came and checked to see if we were happy, he was very kind." "He [registered manager] is very good, he is a lovely man, and he listens." "We cannot fault them," "They are very flexible," "I would 100% recommended the agency," and "I have recommended them to others." People using the service told us "I know how to contact them [manager and provider], I tell them what I want and they always listen and provide what I need."

Staff records showed that during their interview staff had been asked a range of questions about values, their personal philosophy of care and the provision of good quality care. Staff had job descriptions which identified their role and who they were responsible to. The provider told us he was planning to provide staff with feedback surveys. Staff told us the management staff listened to them and provided them with the support they needed as well as keeping them informed about any changes to the service. They told us management staff were available if they had any concerns or queries about people's care or other areas of the service. A care worker told us "I can ring the manager at any time. He and the owner are very supportive."

We saw staff had attended a team meeting, where health and safety, policies, training and wearing protective clothing had been discussed. The registered manager told us he kept in regular contact with staff by telephone and

email and informed them of any changes to do with the service. Care workers told us "We are kept well informed about the service, I can bring up any issues and they listen," "I am happy working for the agency," "The manager phones and asks me how I am," "He visits service users often," and "The door is always open for us to speak with them."

The registered manager carried out visits to people's homes to review the quality of the service provided to people. He also told us he carried out spot checks to review the quality of the service, observe the standard of care provided and obtain feedback from people about the service. He provided us with an example when he had carried out a spot check to make sure care workers were using a hoist safely when they were assisting a person with personal care. A care worker told us "Sometimes the manager comes unexpectedly and sees what we are doing and talks with the person using the service."

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. The registered manager told us "We work with community nurses, GPs and pharmacists. We contact them for advice." A social care professional told us "The service is excellent; they listen and provide suggestions to improve people's care."

There were effective quality assurance systems to monitor care and plans for on-going improvements. Audits included checks of the quality of care records. Policies and procedures were developed, reviewed and updated monthly by an external company. We looked at a sample of policies including the safeguarding, complaints and medicines policies and found they were relevant and applicable to the service. Business reports of the service were completed monthly and the provider regularly met with the registered manager to discuss and review the service.